

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  08/17/2015
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the doors protecting the corridors.</p> <p>The finding included:</p> <p>1. Observation on 8/17/15 at 10:45 AM, revealed the fire doors located in the corridor next to the laundry room did not latch and door was sticking to the top of the door frame. NFPA 80, 15-1.2 (1999 Edition)</p> <p>2. Observation on 8/17/15 at 10:50 AM, revealed the fire doors located in the corridor next to the east soiled utility room were sticking within door</p>	K 018	<p>1. It is the policy of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to maintain the doors to protect the corridors. On 08/18/15, the Maintenance Director adjusted fire doors located in corridor next to laundry room, east soiled utility room, and nursing administration's office, to properly close and latch.</p> <p>2. An audit was completed by Maintenance Director on 08/18/15 and all corridor doors are in compliance.</p> <p>3. Maintenance Director and/or designee will inspect all corridor doors three times weekly for 3 months or until compliance is reached. The Administrator will monitor this process weekly for 3 months to ensure continued compliance.</p> <p>4. Maintenance Director will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, CDM, HR Director, for 3 months or until compliance is reached.</p>	08/18/15	08/18/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Administrator

09/04/15

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 frame. NFPA 80, 15-1.2 (1999 Edition)  3. Observation on 8/17/15 at 10:51 AM, revealed the fire doors located in the corridor next to the laundry room were sticking within the door frame. NFPA 80, 15-1.2 (1999 Edition)  4. Observation on 8/17/15 at 11:45 AM, revealed the fire doors located in the corridor next to the nursing administration's office were sticking within door frame. NFPA 80, 15-1.2 (1999 Edition)  These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/17/15.	K 018			
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4  This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the smoke barriers.  The finding included:	K 025	K 025 1. It is the policy of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to maintain smoke barriers. The smoke barrier located in the attic above room 361 was repaired on 08/18/15 by the Maintenance Director.  2. Maintenance Director and/or designee conducted a 100% audit of facility to ensure all smoke barriers were properly working on 08/18/15.  3. Maintenance Director and/or designee will complete a 100% audit of all corridor doors three times weekly for 3 months or until compliance is reached. The Administrator will monitor this process weekly for 3 months to ensure continued compliance.  4. The Maintenance Director will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, CDM, HR Director, for 3 months or until compliance is reached.	08/18/15  08/18/15  09/24/15  09/24/15	

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K 025	Continued From page 2	K 025			
K 052 SS=C	<p>Observation on 8/17/15 at 10:03 AM, revealed the smoke barrier located in the attic above room 361 had a 2' x 3' section of the wall was damaged. NFPA 101, 8-3 (2000 Edition)</p> <p>This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/17/15.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fire alarms system.</p> <p>The finding included:</p> <p>Observation of the kitchen on 8/17/15 at 10:19 AM, revealed the fire alarm manual pull station was blocked by a yellow cart by the food storage entrance. NFPA 72, 2-8.2.1 (1999 Edition)</p> <p>This finding was verified by the maintenance</p>	K 052	<p>K 052</p> <p>1. It is the policy of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARDS and maintain all fire alarms systems. Observations cited were immediately corrected by the Maintenance Director on 08/17/15.</p> <p>2. All other fire alarm pull stations were inspected on 08/17/15 to ensure 100% compliance.</p> <p>3. All staff will be in-serviced on fire alarm systems standards to maintain all fire alarm manual pull stations clear at all times by 09/23/15. Maintenance Director and/or designee will complete an audit three times weekly for 3 months or until compliance is reached. The Administrator will monitor this process weekly for 3 months to ensure continued compliance.</p> <p>4. The Maintenance Director will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, CDM, HR Director, for 3 months or until compliance is reached.</p>	<p>08/17/15</p> <p>08/17/15</p> <p>09/23/15</p> <p>09/24/15</p>	

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K 052	Continued From page 3	K 052			
K 062 SS=E	<p>director and acknowledge by the administrator during the exit conference on 8/17/15.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observation on 8/17/15 at 9:46 AM, revealed the fire department connection was blocked by patio furniture. NFPA 25, 9-7.1 (1998 Edition)</li> <li>2. Observation on 8/17/15 AM, revealed no sprinkler installed in the exit canopy located next to room 122. The canopy was over 5 feet long and constructed of combustible materials. NFPA 13, 5.13.8 (1999 Edition)</li> <li>3. Observation on 8/17/15 at 10:28 AM, revealed corroded sprinklers in the following locations: Outside of emergency exit by rooms 101 and 223 and east wing front shower room. NFPA 25, 2-2.1.1 (1998 Edition)</li> <li>4. Observation on 8/17/15 at 10:40 AM, revealed the sprinklers were loaded with foreign material in the following locations: commercial washer room (2 of 2) and the dining room above serving area.</li> </ol>	K 062	<p>K 062</p> <ol style="list-style-type: none"> <li>1. It is the policy of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to maintain the sprinkler system. Fire Department connection was cleared on 08/17/15 by the Maintenance Director. Maintenance Director contacted International Fire Protection to replace and install sprinkler systems on observed cited areas by 10/02/15.</li> <li>2. All other sprinkler systems were inspected by Maintenance Director on 08/18/15 to ensure compliance.</li> <li>3. Maintenance Director will ensure all sprinkler systems on observed cited areas are replaced and installed by 10/02/15. Maintenance Director and/or designee will inspect all sprinkler systems are free of paint, corrosion, foreign material and that there are no mix of standard and quick response systems three times weekly x 3 months. A sign will be placed over fire department connection (FDC) on front porch and audits will be conducted three times weekly x 3 months by Maintenance Director and/or designee to ensure continued compliance. The Administrator will monitor this process weekly for 3 months to ensure continued compliance.</li> <li>4. The Maintenance Director will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, CDM, HR Director, for 3 months or until compliance is reached.</li> </ol>	<p>10/02/15</p> <p>08/18/15</p> <p>10/02/15</p> <p>10/02/15</p>	

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K 062	Continued From page 4 NFPA 25, 2-2.1.1 (1998 Edition)  5. Observation on 8/17/15 at 10:58 AM, revealed the dining room had a mix of standard and quick response sprinklers installed in the area. NFPA 13, 5-3.1.5.2 (1999 Edition)  6. Observation on 8/17/15 at 10:59 AM, revealed paint on sprinklers in the following locations: room 108 (2 of 2), room 350 (1 of 2), dining room in front of storage closet and the west wing medication room. NFPA 25, 2-2.1.1 (1998 Edition)  These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/17/15.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fire extinguishers.  The finding included:  Observation kitchen on 8/17/15 at 10:19 AM, revealed a fire extinguisher being blocked by a yellow cart by the food storage entrance. NFPA 10, 1-6.3 (1998 Edition)	K 064	K 064  1. It is the policy of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARDS and maintain all fire extinguishers. Observations cited were immediately corrected by the Maintenance Director on 08/17/15.  2. All other fire extinguisher were inspected on 08/17/15 to ensure 100% compliance.  3. All staff will be in-serviced on fire extinguishers standards by 09/23/15. Maintenance Director and/or designee will complete an audit three times weekly for 3 months or until compliance is reached, to ensure all fire extinguishers are free from anything blocking its path. The Administrator will monitor this process weekly for 3 months to ensure continued compliance.  4. Maintenance Director will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, CDM, HR Director, for 3 months or until compliance is reached.	08/17/15  08/17/15  09/23/15  09/24/15	



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K 064	Continued From page 5	K 064			
K 069 SS=D	This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/17/15. NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observations, the facility failed to protect the cooking facilities.  The findings included:  Observation of the kitchen's hood system on 8/17/15 at 10:23 AM, revealed the deep fryer was not centered under the hood's fire extinguishing nozzles. NFPA 96, 9-1.2.2 (1998 Edition)  This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/17/15. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the electrical system.  The findings included:  1. Observation of residents' room 351 on 8/17/15 at 10:35 AM, revealed a bed plugged into a power	K 069	K 069 K 069 1. It is the policy of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to maintain the cooking facilities. On 8/17/15 the deep fryer was relocated to the center position under the hood's fire extinguishing nozzles by the Maintenance Director. On 08/17/15, the Dietary staff was in-serviced by the Maintenance Director on the above standards.  2. No other negative observations were found during the survey process.  3. Maintenance Director and/or designee will conduct audits three times weekly x 3 months to ensure compliance. The Administrator will monitor this process weekly for 3 months to ensure continued compliance.  4. Maintenance Director will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, CDM, HR Director, for 3 months or until compliance is reached.  K 147 K 147 1. It is the policy of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARDS and maintain the electrical system. On 08/17/15, the power strip was removed from room 351 as well as the back to back power strips in room 245 and 350. Maintenance Director also removed extension cord from Medical Records office on 08/17/15. Maintenance Director replaced ground fault circuit with new outlet on 08/19/15.	08/17/15  08/17/15  09/24/15  09/24/15  08/19/15	

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K 147	Continued From page 6 strip. S&C: 14-46-LSC  Observation on 8/17/15 at 10:51 AM, revealed back to back surge protectors in resident rooms 245 and 350. S&C: 14-46-LSC  2. Observation on 8/17/15 at 11:00 AM, revealed the ground fault circuit interrupter was not functioning properly in the therapy gym next to the fridge. NFPA 70, 110-12 (1999 Edition)  3. Observation on 8/17/15 at 10:51 AM, revealed an extension cord in use in the west wing medical records room. S&C: 14-46-LSC  These finding were verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/17/15.	K 147	2. On 08/19/15, the Maintenance Director conducted an audit of all resident rooms and offices, which revealed no other extension cords in use as well as no improper power strips in use. Facilities' electrical system and equipment has been inspected to ensure 100% compliance.  3. The Maintenance Director will conduct audits three times weekly x 3 months. The Administrator will monitor this process weekly for 3 months to ensure continued compliance.  4. Maintenance Director will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, CDM, HR Director, for 3 months or until compliance is reached.	08/19/15	09/24/15  09/24/15